



DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
P.O. BOX 2816
Hagatna, Guam 96910
Telephone: (671) 475-2653/72
Facsimile: (671) 477-0500



ADOPTION APPLICATION

| | APPLICANT 1 | APPLICANT 2 |
|--|--|--|
| NAME | | |
| | LAST FIRST MIDDLE | LAST FIRST MIDDLE |
| | | MAIDEN: |
| ADDRESS (Residential) | NUMBER/STREET | NUMBER/STREET |
| | CITY/VILLAGE STATE ZIP CODE | CITY/VILLAGE STATE ZIP CODE |
| | HOME PHONE: | HOME PHONE: |
| | OTHER PHONE: | OTHER PHONE: |
| MAILING ADDRESS (If Different From Above) | | |
| BIRTHDATE | | |
| BIRTHPLACE | | |
| ETHNIC ORIGIN/RACE | | |
| CITIZENSHIP | | |
| RELIGIOUS AFFILIATION | | |
| SINGLE APPLICANT | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| PRESENT MARRIAGE | DATE: PLACE: | |
| PREVIOUS MARRIAGE (If Applicable) | DATE: | DATE: |
| | PLACE: | PLACE: |
| | HOW TERMINATED: | HOW TERMINATED: |
| PREVIOUS MARRIAGE (If Applicable) | | |
| EDUCATION (State Highest Level Completed & Name of School) | | |
| DEGREE AWARDED (If Applicable) | | |
| CURRENT EMPLOYMENT | PLACE: | PLACE: |
| | DATE OF HIRE: | DATE OF HIRE: |
| | SALARY PER ANNUM: | SALARY PER ANNUM: |
| | SUPERVISOR: | SUPERVISOR: |
| | WORK PHONE: | WORK PHONE: |
| LIFE INSURANCE | COMPANY: | COMPANY: |
| | COVERAGE: | COVERAGE: |
| LIFE INSURANCE | COMPANY: | COMPANY: |
| | COVERAGE: | COVERAGE: |
| HOME | OWN RENT MILITARY HOUSING | |
| REFERENCES (Local) | NAME | MAILING ADDRESS/PHONE |
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|--|--|-----------------------|-----------------------------------|--------------|---------------------------------|-------------------|
| CHILDREN (IN & OUT OF HOUSEHOLD) | NAME | DOB | SEX | NATURAL | ADOPTED | SCHOOL/OCCUPATION |
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| ALL OTHERS IN HOUSEHOLD | NAME | AGE | RELATIONSHIP | OCCUPATION | | |
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| RELATIVES IN CLOSE TOUCH WITH FAMILY | NAME | MAILING ADDRESS/PHONE | | | | |
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| DETAILS OF CHILD DESIRED | AGE: _____ SEX: _____ | | | | | |
| | PLEASE CHECK PREFERENCE(S), IF ANY: | | | | | |
| | ETHNIC ORIGIN/RACE: | ORIENTAL | | HISPANIC | | |
| | | BLACK | | MIXED | | |
| | | CAUCASIAN | | OTHER: _____ | | |
| | | CHAMORRO | | | | |
| DISABILITY: | | | | | | |
| PHYSICAL: | | MINOR | MODERATE <input type="checkbox"/> | | SEVERE <input type="checkbox"/> | |
| MENTAL: | | MINOR | MODERATE <input type="checkbox"/> | | SEVERE <input type="checkbox"/> | |
| | | NO DISABILITY | | | | |
| SIBLING GROUP: | | | | | | |
| IF WILLING TO ADOPT MORE THAN ONE CHILD, HOW MANY? | | | | | | |
| EXPLAIN MOTIVATION FOR ADOPTION | PLEASE EXPLAIN: _____ | | | | | |
| | _____ | | | | | |
| | _____ | | | | | |
| | IF CHILDLESS, IS REASON MEDICAL? _____ | | | | | |
| HAS IT BEEN CONFIRMED? | | | | | | |
| OTHER COMMENTS | _____ | | | | | |
| | _____ | | | | | |
| | _____ | | | | | |
| | _____ | | | | | |
| OTHER ADOPTION APPLICATIONS | IF YOU HAVE APPLIED OR ARE APPLYING NOW TO ADOPT ELSEWHERE, PLEASE INDICATE DATE & PLACE: _____ | | | | | |
| | REASON FOR NON-COMPLETION OF ADOPTION: _____ | | | | | |
| | _____ | | | | | |
| MILITARY SERVICE | NUMBER OF YEARS: _____ BRANCH: _____ | | | | | |
| | TOUR OF DUTY EXPIRES ON: _____ | | | | | |
| | ARE YOU WILLING TO EXTEND IF NECESSARY? _____ | | | | | |
| | (Please note that Public Law 13-133 requires a 12-month residency of the child after placement prior to adoption.) | | | | | |

I UNDERSTAND THAT THIS APPLICATION EXPIRES IN ONE YEAR AND MUST BE RENEWED IN ORDER TO BE CONSIDERED (IF MARRIED, BOTH SPOUSES MUST SIGN APPLICATION).

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

ADOPTION QUESTIONNAIRE

APPLICANT 1

1. Briefly describe childhood history.

2. Briefly describe relationship with siblings and parents.

3. Any history of mental illness for self or family?

4. Any history of family violence?

5. Any history or involvement with drugs or alcohol?

6. Any involvement with child abuse or neglect?

7. Any serious illness, medical condition or physical disabilities?

8. Briefly describe parenting experiences and discipline methods.

9. Briefly describe plans for adopted child and future discussion that they were adopted.

ADOPTION QUESTIONNAIRE

| APPLICANT 2 |
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| 1. Briefly describe childhood history. |
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| 2. Briefly describe relationship with siblings and parents. |
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| 3. Any history of mental illness for self or family? |
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| 4. Any history of family violence? |
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| 5. Any history or involvement with drugs or alcohol? |
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| 6. Any involvement with child abuse or neglect? |
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| 7. Any serious illness, medical condition or physical disabilities? |
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| 8. Briefly describe parenting experiences and discipline methods. |
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| 9. Briefly describe plans for adopted child and future discussion that they were adopted. |
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